

REPORT OF INVESTIGATING OFFICER
Approved For Release 2000/08/22 : CIA-RDP57-00384R001300030002-5
(Use additional sheets if necessary)

DEPARTMENT Services	BUREAU OR OFFICE Audit Group	DATE INVESTIGATION INITIATED 30 September 1949
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1. TYPE OF ACCIDENT

BRIEF DESCRIPTION

Government vehicle was proceeding around Memorial Circle for a right turn on to 23rd Street, when traffic stopped abruptly resulting in the Government vehicle striking the rear bumper of the private vehicle.

2. TIME AND PLACE

DATE 23 September 1949	LOCATION Memorial Circle and 23rd Street N. W.
TIME 5:15 p.m.	A. M. P. M.

3. PROPERTY AND PERSONNEL INVOLVED

A. GOVERNMENT PROPERTY OR PERSONNEL. IDENTIFY PROPERTY—MAKE, TYPE, U. S. NUMBER. PERSONNEL—NAME, GRADE, SERIAL NUMBER, ORGANIZATIONAL UNIT TO WHICH ASSIGNED. IF MOTOR VEHICLE OR OTHER EQUIPMENT INVOLVED, NAME OF OPERATOR.

1949 Ford Bus, U. S. Tag No. 3307, operated by [REDACTED] Chauffer, Transportation Division, Services Office.

25X1A

B. PRIVATE PROPERTY OR PERSONS. IDENTIFY PROPERTY—MAKE, TYPE, MODEL. PERSONS—NAMES, ADDRESSES, AND RELATION TO INCIDENT, e.g., OWNER, DRIVER, PASSENGER, BAILEE, TENANT, LESSEE, LICENSEE, TRESPASSER.

1947 Chevrolet, Va. Tag No. 156-776, owned by H. A. Brentlinger, 6229- 23rd Street, North Arlington, Virginia, and operated by J. W. Brentlinger, same address as owner.

4. SCOPE OF EMPLOYMENT

WAS GOVERNMENT PERSONNEL ACTING WITHIN SCOPE OF EMPLOYMENT? YES OR NO (State basis for answer).

Yes, shuttle run; i.e. pick-up personnel at Yards & Docks at 5:00 p.m. and proceeds to 23rd and E Street, N. W.

5. DAMAGE TO PROPERTY

(Give nature and extent of damage and estimated cost of repairs or loss)

A. GOVERNMENT PROPERTY

Negligible, repairs made by Government garage.

B. PRIVATE PROPERTY

Smashed gravel deflector and rear bumper bar. Cost of Repairs \$19.90

6. PERSONS INJURED OR KILLED

(State names, addresses, extent of injuries, medical aid rendered and by whom)

A. GOV

O D [REDACTED] whether on duty or off duty.
Ext. 225 - Contusion left arm, shaken up. Examined by CIA Medical Services

f u [REDACTED]
f t [REDACTED]
y [REDACTED] Ext. 517 - Chest X-Rayed by CIA Medical Services - Negative

Ext. 2204 - Contusion or arms, legs, and hip, Examined by CIA Medical Services

B. PRIVATE PERSONS

None

NAME	ADDRESS
25X1A	CIA Employee - Ext. 2125
	CIA Employee - Ext 2204

8. POLICE INVESTIGATION

SHOW ARRESTS, AND ATTACH COPY OF POLICE REPORT, IF ANY, AND RESULTS OF ANY TRIALS BY CIVIL OR MILITARY COURTS

See Exhibit B.

9. ADDITIONAL FACTS

A. GIVE, IN NARRATIVE FORM, FULL DETAILS NOT OTHERWISE COVERED HEREIN: (In traffic cases give special attention to direction of travel, speed, obstructions to view, width of road, skidmarks, traffic signs and signals, traffic and weather conditions, illustrating relevant facts by sketches.)

Telephone conversation with the private driver 29 September 1949 disclosed that the private vehicle had been repaired, therefore, it was impossible to obtain three estimates of repairs.

B. THE FOLLOWING INACCURACIES IN PREVIOUS REPORTS HAVE BEEN ESTABLISHED AS A RESULT OF THIS INVESTIGATION:

None

10. EXHIBITS

LIST AND ATTACH EXHIBITS, SUCH AS: OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT; SUPERVISOR'S REPORT OF ACCIDENT; DIAGRAMS; PHOTOGRAPHS; EXTRACTS OF EXISTING TRAFFIC REGULATIONS, LOCAL ORDINANCES, OR STATE LAWS VIOLATED; STATEMENTS OF PERSONS INJURED OR DAMAGED AND WITNESSES; COPY OF THE SAFETY ENGINEER'S REPORT; POLICE REPORT; AND ANY OTHER RELATED DATA.

A. Investigator's Diagram	F. Private Driver's Claim
B. Government Driver's Report	G. Medical Services Report of Injuries
C. Witnesses Statement	H.
D. Witnesses Statement	I.
E. Police Report.	J.

11. ACTION RECOMMENDED

It is recommended that the private driver, H. A. Brentlinger, be awarded the sum of \$19.90 for the cost of repairs to the private vehicle.

12. DATE OF REPORT

3 October 1949

13.

14. TITLE OF INVESTIGATING OFFICER

Auditor, Audit Group, Services

15. COMMENTS ON ACTION RECOMMENDED

Recommendation is based on the following:

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- a. The Government driver failed to exercise due care.
- b. Striking a vehicle in the rear raises the presumption of fault of the striking vehicle.

Statement of [REDACTED]
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I was driving a Government owned Bus 1949, Friday 23 SEPT. 1949
About 5.15 PM branching west on Memorial just before making a
right turn into 23rd Street N.W. As I was about to make the
turn a
1937 General driven by Brent Linger came to a sudden stop causing
me to hit his rear fender.

25X1A

Subscribed and sworn to (or affirmed)
before me at Washington
this 7 day of Oct 1949

Catherine Dr. Van Gombos
Notary Public
Commission expires 28 Feb 1951

25X1A

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WITNESSES			
A [REDACTED]	PHONE NO. 3135	B [REDACTED]	PHONE NO. 2204
ADDRESS			

CIA EMPLOYEE
LOCATION OF WITNESS AT TIME OF ACCIDENT
on [REDACTED] 1800

CIA EMPLOYEE
LOCATION OF WITNESS AT TIME OF ACCIDENT
on [REDACTED] 1800

7. KILLED OR INJURED

CHECK ONE	SEX	BIRTHDATE	SEX	AGE	
<input type="checkbox"/> KILLED	<input type="checkbox"/> DRIVER	<input type="checkbox"/> HELPER	<input type="checkbox"/> INJURED	<input type="checkbox"/> PASSENGER	<input type="checkbox"/> PEDESTRIAN

CHECK ONE	WHERE IN VEHICLE?	CHECK ONE	WHERE IN VEHICLE?
<input type="checkbox"/> IN FED. VEHICLE	<input type="checkbox"/> IN OTHER VEHICLE	<input type="checkbox"/> IN FED. VEHICLE	<input type="checkbox"/> IN OTHER VEHICLE

FIRST AID GIVEN BY	TAKEN TO	FIRST AID GIVEN BY	TAKEN TO
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TAKEN BY	REGISTRATION NO.	TAKEN BY	REGISTRATION NO.
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PEDESTRIAN			
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PEDESTRIAN WAS GOING ON
(Direction) ACROSS (Street, highway No., etc.) FROM (SW. cor., W. side, etc.) TO (NE. cor., W. side, etc.)

PEDESTRIAN WAS (Check one)

- 1. CROSSING AT INTERSECTION WITH SIGNAL
- 2. SAME—AGAINST SIGNAL
- 3. SAME—NO SIGNAL
- 4. SAME—DIAGONALLY
- 5. CROSSING NOT AT INTERSECTION
CROSSING FROM BEHIND PARKED CARS
- 6. SAME—NOT COMING FROM BEHIND PARKED CARS
- 7. COMING FROM BEHIND PARKED CARS
TO ENTRANCE
- 8. WAITING OR GETTING ON OR OFF AT STREET CAR SAFETY ZONE
- 9. NOT AT SAFETY ZONE
- 10. GETTING ON OR OFF ANOTHER VEHICLE
- 11. PLACING IN ROADWAY
- 12. WORKING IN ROADWAY
- 13. WALKING IN ROADWAY WITH TRAFFIC
- 14. WALKING IN ROADWAY—AGAINST TRAFFIC
- 15. WALKING IN ROADWAY—SIDEWALKS
- 16. WALKING IN ROADWAY—NO SIDEWALKS AVAILABLE
- 17. HITCHING ON VEHICLE
- 18. LYING IN ROADWAY
- 19. NOT IN ROADWAY (Explain)

9. DAMAGE TO PROPERTY OTHER THAN MOTOR VEHICLES OR CARGO

NAME OBJECTS, SHOW OWNERSHIP, STATE NATURE OF DAMAGE

None

10. KIND OF LOCALITY (Check one)		11. LIGHT (Check one)	12. WEATHER (Check one)			
<input type="checkbox"/> 1. MANUFACTURING AND INDUSTRIAL	<input type="checkbox"/> 2. COMMERCIAL	<input type="checkbox"/> 3. OPEN COUNTRY	<input type="checkbox"/> 1. DAYLIGHT	<input type="checkbox"/> 3. DAWN	<input type="checkbox"/> 1. CLEAR	<input type="checkbox"/> 4. FOG
<input checked="" type="checkbox"/> 2. SHOPPING AND BUSINESS	<input type="checkbox"/> 4. INDUSTRIAL PREMISES	<input type="checkbox"/> 6. HOME OR DOMESTIC PREMISES	<input type="checkbox"/> 2. DUSK	<input type="checkbox"/> 4. ARTIFICIAL LIGHT	<input type="checkbox"/> 2. RAINING	<input type="checkbox"/> 5. OTHER (Specify)
<input type="checkbox"/> 3. RESIDENTIAL	<input type="checkbox"/> 5. OTHER (Specify)	<input type="checkbox"/> 7. OTHER (Specify)	<input type="checkbox"/> 3. SNOWING	<input type="checkbox"/> 5. NO ARTIFICIAL LIGHT		

13. CONDITION OF DRIVER AND PEDESTRIAN	
Check for each person	Check one or more
FED 9 PED	FED 2 PED
<input type="checkbox"/> <input type="checkbox"/> 1A. HAD NOT BEEN DRINKING	<input type="checkbox"/> <input type="checkbox"/> 5. PHYSICAL DEFECT
<input type="checkbox"/> <input type="checkbox"/> 1B. HAD BEEN DRINKING IF SO:	<input type="checkbox"/> <input type="checkbox"/> 6. OTHER HANDICAPS
<input type="checkbox"/> <input type="checkbox"/> 2. ABILITY IMPAIRED	<input type="checkbox"/> <input type="checkbox"/> 7. EXHAUSTED, ETC.
<input type="checkbox"/> <input type="checkbox"/> 3. ABILITY NOT IMPAIRED	<input type="checkbox"/> <input type="checkbox"/> APPARENTLY ASLEEP
<input type="checkbox"/> <input type="checkbox"/> 4. NOT KNOWN WHETHER IMPAIRED	<input type="checkbox"/> <input type="checkbox"/> APPARENTLY NORMAL

15. VISION OBSCURED BY	
Check where applicable	
FED 9	
<input type="checkbox"/> <input type="checkbox"/> 1. RAIN, SNOW, ETC., ON WINDSHIELD	<input type="checkbox"/> <input type="checkbox"/> 7. EMBANKMENT
<input type="checkbox"/> <input type="checkbox"/> 2. CRACKED WINDSHIELD	<input type="checkbox"/> <input type="checkbox"/> 8. SIGNBOARDS
<input type="checkbox"/> <input type="checkbox"/> 3. DIRTY WINDSHIELD, WINDOWS	<input type="checkbox"/> <input type="checkbox"/> 9. PARKED VEHICLE
<input type="checkbox"/> <input type="checkbox"/> 4. WINDSHIELD, WINDOWS NOT GLASS	<input type="checkbox"/> <input type="checkbox"/> 10. MOVING VEHICLE
<input type="checkbox"/> <input type="checkbox"/> 5. TREES, CROPS, ETC.	<input type="checkbox"/> <input type="checkbox"/> 11. OTHER (Specify)
<input type="checkbox"/> <input type="checkbox"/> 6. BUILDING	

16. ROAD CONDITION	
Check one	Check one or more
<input checked="" type="checkbox"/> 1. DRY	<input type="checkbox"/> 6. LOOSE MATERIAL ON SURFACE
<input type="checkbox"/> 2. WET	<input type="checkbox"/> 7. HOLES, DEEP RUTS
<input type="checkbox"/> 3. MUDDY	<input type="checkbox"/> 8. DEFECTIVE SHOULDERS
<input type="checkbox"/> 4. SNOWY	<input type="checkbox"/> 9. NO DEFECTS
<input type="checkbox"/> 5. ICY	<input type="checkbox"/> 10. OTHER DEFECTS (Specify)

WAS ROAD UNDER CONSTRUCTION OR REPAIR?

YES NO

20. DRIVER'S ACTIONS	
Check one or more for each driver	
FED 2	FED 2
<input checked="" type="checkbox"/> 1. MAKING RIGHT TURN	<input type="checkbox"/> 8. BACKWARD FROM PARKING SPACE
<input type="checkbox"/> 2. MAKING LEFT TURN	<input type="checkbox"/> 9. OTHER BACKING
<input type="checkbox"/> 3. MAKING U TURN	<input type="checkbox"/> 10. STOPPED IN TRAFFIC LANE
<input type="checkbox"/> 4. GOING STRAIGHT AFTER TURN	<input type="checkbox"/> 11. OTHER (Specify)
<input type="checkbox"/> 5. SLOWING DOWN, STOPPING	
<input type="checkbox"/> 6. OVERTAKING, PASSING	
<input type="checkbox"/> 7. FORWARD FROM PARKING SPACE	

Check if applicable:	
FED 9	FED 2
<input type="checkbox"/> 12. SKIDDING	<input type="checkbox"/> 15. DISABLED VEHICLE, PARKED
<input type="checkbox"/> 13. AVOIDING VEHICLE, OBJECT, OR PEDESTRIAN	<input type="checkbox"/> 16. GAVE WARNING (Name, Signal, Indicator)
<input type="checkbox"/> 14. EMERGING FROM ALLEY OR DRIVEWAY	

22. ROAD WIDTHS AND LANES	
WIDTH OF ROAD OR PAVEMENT	NUMBER OF LANES
approx 4'	—
WERE LANES MARKED?	WERE LANES SEPARATED?
<input type="checkbox"/> NO	<input type="checkbox"/> NO
BY WHAT?	

14. CONDITION OF VEHICLE	
Check one or more for each vehicle	
FED 2	FED 2
<input type="checkbox"/> 1. DEFECTIVE BRAKES	<input type="checkbox"/> 8. TIRE BLEW OUT
<input type="checkbox"/> 2. ONE HEADLIGHT OUT	<input type="checkbox"/> 9. DEFECTIVE STEERING MECHANISM
<input type="checkbox"/> 3. BOTH HEADLIGHTS OUT	<input type="checkbox"/> 10. NO APPARENT DEFECTS
<input type="checkbox"/> 4. TAILIGHT OUT OR OBSCURED	<input type="checkbox"/> 11. OTHER DEFECTS (Specify)
<input type="checkbox"/> 5. ONE OR BOTH TURN SIGNALS ONLY	
<input type="checkbox"/> 6. SIGNAL LIGHTS DEFECTIVE	
<input type="checkbox"/> 7. OTHER LIGHTS OR REFLectors DEFECTIVE	

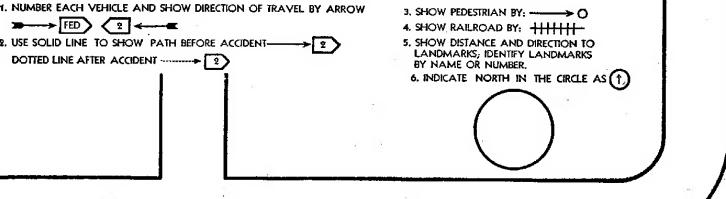
16. ROAD CHARACTER	
Check one in each section	
1. STRAIGHT	
<input checked="" type="checkbox"/> 2. SHARP CURVE OR TURN	
3. OTHER CURVES	
4. LEVEL	
5. UP HILL	
6. HILL CREST	
7. DOWN HILL	

17. ROAD SURFACE	
Check one	
1. CONCRETE	
2. BRICK	
3. BLACK TOP	
4. GRAVEL, SAND, OR DIRT—OILED	
5. GRAVEL, SAND, OR DIRT—UNOILED	
6. OTHER (Specify)	

19. TRAFFIC CONTROL	
Check one or more	
<input type="checkbox"/> 1. R. R. CROSSING GATES	
<input type="checkbox"/> 2. R. R. AUTOMATIC SIGNAL	
<input type="checkbox"/> 3. OFFICER OR WATCHMAN	
<input type="checkbox"/> 4. STOP AND GO LIGHT	
<input type="checkbox"/> 5. STOP SIGN	
<input type="checkbox"/> 6. WARNING SIGN OR SIGNAL	
<input type="checkbox"/> 7. FLAGS OR FLARES	
<input type="checkbox"/> 8. NO CONTROL PRESENT	

21. VIOLATIONS	
Check one or more	
FED 2	FED 2
<input type="checkbox"/> 1. EXCEEDING LAWFUL SPEED	<input type="checkbox"/> 13. TURN FROM WRONG LANE
<input type="checkbox"/> 2. DID NOT HAVE RIGHT-OF-WAY	<input type="checkbox"/> 14. DISREGARDED STOP SIGN
<input type="checkbox"/> 3. ON WRONG SIDE OF ROAD	<input type="checkbox"/> 15. DISREGARDED WARNING SIGN OR SIGNAL
<input type="checkbox"/> 4. DROVE THROUGH SAFETY ZONE	<input type="checkbox"/> 16. DISREGARDED STOP OR LIGHT
<input type="checkbox"/> 5. DROVE ON STANDING STREET	<input type="checkbox"/> 17. DISREGARDED POLICE OFFICER
<input type="checkbox"/> 6. PASSING ON HILL	<input type="checkbox"/> 18. IMPROPER STARTING FROM PARKED POSITION
<input type="checkbox"/> 7. PASSING ON CURVE	<input type="checkbox"/> 19. IMPROPER PARKING
<input type="checkbox"/> 8. CUTTING IN	<input type="checkbox"/> 20. NO IMPROPER DRIVING INDICATED
<input type="checkbox"/> 9. FOLLOWING TOO CLOSELY	<input type="checkbox"/> 21. OTHER IMPROPER ACTION (Specify)
<input type="checkbox"/> 10. FAILURE TO SIGNAL OR IMPROPER SIGNAL	
<input type="checkbox"/> 11. WIDE RIGHT TURN	
<input type="checkbox"/> 12. CUT CORNER ON LEFT TURN	

23. POLICE ACTION, IF ANY	
CHARGE	
None	
NAME, BADGE NUMBER, AND DEPT. OF POLICE OFFICER	
R.D. McElroy - US Park Police	

24. **INDICATE ON THE DOTTED LINE AND DIRECTION OF TRAVEL**Approved For Release 2000/08/22 : CIA-RDP57-00384R001900030002-5 / A
Use one of these outlines to sketch the scene of the accident, writing in street or highway names or numbers.

(Name or number of street or highway)

(Name or number of street or highway)

26. **DESCRIBE WHAT HAPPENED**

A chev. traveling in front of me came to a sudden stop causing me to hit his rear bumper.

25X1A

STATEMENT OF REVIEWING OFFICIAL

WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS EMPLOYMENT? YES NO

STATE BASIS FOR ANSWER

WHAT CAUSED THE ACCIDENT?

HOW COULD IT HAVE BEEN PREVENTED?

WHAT ACTION HAS BEEN TAKEN?

SIGNATURE OF REVIEWING OFFICIAL

chauffeur 28 Sept 1979

DATE

USE THIS SPACE TO SHOW CONSEQUENCES OF ACCIDENT AFFECTING AGENCY PERSONNEL REPORTED IN SECTION 7.

A. MILITARY PERSONNEL CIVILIAN PERSONNEL

PROBABLE DISABILITY

NATURE OF INJURY AND PART OF BODY

DATE STOPPED WORK

DATE RESUMED WORK

B. MILITARY PERSONNEL CIVILIAN PERSONNEL

PROBABLE DISABILITY

NATURE OF INJURY AND PART OF BODY

DATE STOPPED WORK

DATE RESUMED WORK

25X1A

STANDARD FORM 91

CIA-RDP57-00384R001900030002-5 / A
MOTOR VEHICLE ACCIDENT

(Department or establishment)

2430 EST N.W.

(Name and location of reporting unit)

2. GENERAL LOCATION, DATE, DAY AND HOUR OF ACCIDENT

IF ACCIDENT IN CITY, GIVE CITY OR TOWN AND STATE; IF OUTSIDE CITY LIMITS, INDICATE MILEAGE OR DISTANCE TO NEAREST CITY OR TOWN

Washington

(City or town)

D.C.

(County and State)

DATE

DAY OF WEEK

HOUR A. M. P. M.

2/23/49 Friday

5:15PM

Limit:
Center:

3. EXACT LOCATION OF ACCIDENT

ACCIDENT OCCURRED ON Memorial Circle & 23rd St. N.W.
(Street) (Highway)

NOTE: CHECK AND COMPLETE ONE. Name (or otherwise identify) nearest intersecting street, house number, power or telephone pole (give number), highway curve, bridge, railroad crossing, filling station, alley, driveway, culvert, guardrail, milepost, underpass, or other identifying landmark. Show exact distance.

 AT INTERSECTION WITH _____

(Street or alley)

 NOT AT INTERSECTION _____

(Distance)

(Direction)

AND _____